### **EXHIBIT A**

### **County Certification**

County: _		
Date:		

	CRITERIA	YES	NO
1.	Is the contact information included for the County Mental Health Director?		
2.	Did the County indicate which components are included?		
3.	Is the contact information included for the Project Lead?		
4.	Is the mailing address included?		
5.	Is the County Certification signed/dated by the Mental Health Director/Designee?		

### **EXHIBIT B**

### **Community Program Planning and Local Review Process**

County:  $\underline{0}$ 

Date: 1/0/1900

	CRITERIA	YES	NO	N/A
	Community Program Planning			
1.	Is there a brief description of how the requirements of the Community Program Planning Process for the development of all components of the FY 2011/12 annual update/update were met?			
	Reference: Cal. Code Regs., tit. 9 § 3300			
2.	Did the County include stakeholder entities involved in the CPP Process?			
3.	If consolidating programs and/or eliminating a program/project: Did the County describe how the stakeholders were involved and had the opportunity to participate in the decision to consolidate and/or eliminate the program/project?			
	Local Review Process			
4.	Is there a description of the methods used to circulate, for the purpose of public comment, the annual update/update?  Reference: Cal. Code Regs., tit. 9, § 3315 (a)(1)(A)			
5.	Did the County describe substantiative comments received, and any changes made due to the comments received?			
	Reference: Cal. Code Regs., tit. 9, §§ 3300, 3310(d) and 3315(a)			

#### **EXHIBIT B**

**Community Program Planning and Local Review Process** 

#### **EXHIBIT C**

#### Overall Implementation Progress Report on FY 09/10 Activities

County:	0	
Date:	1/0/1900	

			SS	W	ET	PEI		INN	
	CRITERIA	YES	NO	YES	NO	YES	NO	YES	NO
	CSS, WET and PEI								
1	Is there a brief description on how the implementation of the MHSA is progressing?								
2	Did the County provide a description regarding how MHSA funding is addressing major community issues identified in the initial Community Program Planning Process for CSS?								
3	Is there specific information on the number of individuals served (age group, race/ethnicity, primary language, cultural group) for PEI funds?								
4	Did the County provide the name of the PEI program selected for local evaluation?								

PEI Statewide Training, Technical Assistance, and Capacity Building						
Activity Name	Is there a brief of how the activity how it provides TTACB with loc	, including statewide	Did the Cou provide the funding am	estimated	Are target a and/or parti included?	
	YES	NO	YES	NO	YES	NO

### EXHIBIT D Elimination of a Program/Project

County:	0	
Date:		1/0/1900

No.	Component	Program/Project Name/Number	Did the County i program/project for	elimination?	Did the County of rationale for elimin- program/project?	describe the ating the	Did the County funding for the elin program/project wi	ninated	Did the County of population that was this program will conserved?	s being served by
			Yes	No	Yes	No	Yes	No	Yes	No

County:	0
_	
Date:	1/0/1900

No.	Program Name			Section	on I: Progra	m Specific	Progress Re	eport for FY	09/10		
		A1) Did the Coi the number of c served by fundi	lients to be	cost per client for FSP by age group?		on the number	of individuals hnicity, primary	C1) Did the County report on the performance of progress in providing services to unserved and underserved populations, with emphasis or reducing racial/ethnic service disparities?		C2) Did the County describe any key differences and majo challenges with implementation of this program as a result of the fluctuation of MHSA/mental health funding?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

County:	0	
Date:	1/0/1900	

No.	Program Name			Section II: Program Description for FY 11/12									
		service population to be		2) Is there a ch services for the program?	ange in	3a) Did the Co funding amoun	unty include the ts in the table?	3b.1) Is the FY	11/12 funding ide the ±25% ly approved	3b.2.) For consolidated programs, is the FY 11/12 funding requested outside the ±25% of sum of the previously approved amounts?  3c) If the County is requesti an exception, did they provious an explanation?			id they provide
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

County:	0	
Date:	1/0/1900	

No.	Program Name		Section II: Program Description for FY 11/12									
		A1) Did the Cou the number of c served by fundi	unty include slients to be ng Category?	A2) Did the County provide cost per client for FSP by age group?		B1) Did the County describe the services/strategies and target population to be served? This should include targeted age, gender, race/ethnicity, and language spoken.		B2) If this is a consolidation, did the County provide the names of the programs, how the program will achieve the same outcomes as previously approved, and the rationale for consolidation?		B3) If no funding is being requested for FY 11/12, did the County explain how it intends to sustain this program?		
		Yes	Yes No		No	Yes	No	Yes No		Yes	No	

County:	0	
		•
Date:	1/0/1900	

No.	Program Name		tion I	Section II: Program Specific Progress Report for FY 10/11									
		progress on the	progress on the objectives wor achieved in this program during the		Is there a change in the work detail or objectives of the existing program or activity?		2) Is there a change in the activities or strategies?		County include nounts in the	3) b) 2. Is the FY 11/12 funding requested outside the ±25% of the previously approved amount?			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

County:	0	
Date:	1/0/1900	

No.	Program Name			Section II:	Program De	escription f	or FY 11/12				
		3b.2.) For consolidated programs, is the FY 11/12 funding requested outside the tt ±25% of sum of the previously approved amounts?		requesting an	requesting an exception, did		inty provide the category?	B) 1. If there h. changes to the within the scop originally proportion of County describ objectives, act strategies?	e program be of what was bosed, did the be new	B) 2. If consolidating, did county provide name of programs, rationale for the decision to consolidate, and how objectives identified in the previously approved programs will be achieved?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

#### **EXHIBIT D3 - PEI**

County:	0						
Date:	1/0/1900						

No.	Program Name		Section I: Program Specific Progress Report for FY 09/10												
		not implemented in FY 09/10, did the county		provide an small counties)		number of individuals served in FY 09/10 by age, race/ethnicity, culture, and language?		the performance of the program during 09/10, including progress in providing services		B1b.) Were key differences and major challenges with implementation described?		2a.) Did the County provide any available data on progran outcomes?		2b.)If this program was a selected for the local evaluation of a PEI program, did the County provide an analysis of the results or progress in the local evaluation? Circle all that apply (a,b,c,d,e) see footnote	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

- A) Did the Co. include a summary of available information about person/family-level and program/system-level outcomes from the PEI Program?

  B) Was the data collected, include the member of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoke?
- C) Was the method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants?
- D) Were specific program strategies implemented to ensure appropriateness for diverse participants?
- E) Were there changes and modifications made during the program's implementation? If any, what was the reason(s) for the changes?

#### **EXHIBIT D3 - PEI**

Section I: Program Specific Progress Report for FY 09/10 Section II: Program Description for FY 11/12

County:	0

**Date:** 1/0/1900

No.	Program Name		Section II: Program Description for FY 11/12  there a change in the										
		1.) Is there a change in the Priority Population or the Community Mental Health Needs?      2.) Is there a change in type of PEI activities to I provided?			nange in the ivities to be	3a) Did the Cou funding amoun	ts in the table?	3b.1) Is the FY requested outs the previously a amount?	ide the ±25% of	programs, is th	e FY 11/12 ted outside the m of the	3c) If the County is requesting an exception, did they provide an explanation?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

#### EXHIBIT D3 - PEI

### Section I: Program Specific Progress Report for FY 09/10

County:	0	Section II: Program Description for FY 11/12
Date:	1/0/1900	

No.	Program Name	Se	ection II: F	rogram De	escription	for FY 11/	12	
		A1) If applicabl County provide of any addition changes to this	a description al proposed		provide the rograms, how			
		Yes	No	Yes	No	Yes No		

County:	0
Date:	1/0/1900

<u>.                                    </u>		l				Castia	u I. Dunuun	Cifi	D D						
No.	Program Name	11) If this program was not implemented in FY 09/10, did the county provide an integration of the program during FY and the county provide an integration of the program during FY and the program durin		1B) Did the Co key difference challenges wit implementatio	ey differences and major hallenges with analysis of how the program or is meeting its learning goals, incomplementation of this as well as a summary of re			2B) Did the Co. describe the primary methods used, including those results that reflect the perspectives of stakeholders?		2C) Did the Co. provide any data on outcomes, including elements of the program that contributed to its success? If applicable, did the Co. include individuals by age, gender, race, ethnicity and language?		changes and modifications at made during the program's			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

County:	0	
Date:	1/0/1900	

No.	Program Name		Se	ection II: P	rogram D	escription	for FY 11	/12	
		Is there a cl primary purpo:	s there a change in the larry purpose?  2) Is there a change to the learning goals?		nange to the	<ol><li>If applicable</li></ol>	e, did the Co. ription of any bosed changes		
		Yes	No	Yes	No	Yes	No	Yes	No

### EXHIBIT E MHSA Summary Funding Request

County:	0	
Dato	1/0/1900	

			MHSA	Funding		
	css	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation						
2. Transfer from FY 11/12 <sup>a/</sup>						
Adjusted Component Allocation						
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$0	\$0	\$0	\$0	\$0	
2. Requested Funding for CPP						
Net Available Unexpended Funds     a. Unexpended FY 09/10 Annual MHSA Revenue     and Expenditure Report     b. Amount of Unexpended Funds from FY 09/10     spent FY 10/11 (Adjustment)						
c. Unexpended Funds from FY 10/11	\$0					
d. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2011/12 Funding Request	\$0	\$0	\$0	\$0	\$0	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations b/						
5. Unapproved FY10/11 Component Allocations b/						
6. Unapproved FY 11/12 Component Allocations b/						
Sub-total	\$0	\$0	\$0	\$0	\$0	
7. Access Local Prudent Reserve						
3. FY 2010/11 Total Allocation of	\$0	\$0	\$0	\$0	\$0	

#### Notes:

- 1. Lines B3.a. and B3.b. should be completed regardless of submission date. Line B3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure Report, Enclosure 9, Total Unexpended Funds line.
- 2. Line B3.c. should be completed if annual update is being submitted after June 30, 2011. This should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure Report, Total Unexpended Funds line. This will be verified upon receipt of the Annual Revenue and Expenditure Report (and adjustments will be made as necessary).
- <sup>a/</sup> Per Welfare and Institution Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.
- by For WET and/or CFTN Components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.
- $^{\mbox{\scriptsize c}\prime}$  Must equal line B.4. for each component.

Community Program Planning 5%	<b>\$0</b>			<mark>\$0</mark>	<b>\$0</b>
	Maximum	CFTN	WET	Prudent Reserve	Total
CSS 20% Transfer Limit					\$0

### EXHIBIT E MHSA Summary Funding Request

### EXHIBIT E MHSA Summary Funding Request

Exhibit E - MHSA Summary Funding Request (Review Tool Questions)	Yes	No	NA
A1) Are the FY 2011/12 Component Allocations correct?			
A2) Did the County request to transfer funds from CSS?			
A2) If yes, is this amount ≤ the 20% limit?			
Reference: WIC Section 5892 (b); DMH Information Notice: 10-21, Enclosure 8; and MHSA Fiscal References, [FY 11/12 20% Limit as of insertdate]			
insert link once posted			
B1) Does line B1 sum correctly based on the Total Requested line of Exhibit E for each component?			
Reference: DMH Information Notice: 10-21, Enclosure 1, page 3			
B2) Is the CPP funding requested ≤ 5% of each components Planning Estimate?			
Reference: DMH Information Notice: 10-21, page 8			
B3) Do the unexpended amounts on line B3a (for each component) equal the amounts reported on the Annual MHSA Revenue and Expenditure Report for FY 2009/10?			
C) If the County included unapproved Planning Estimates from previous fiscal years, is there funding			
available from the fiscal years in which they are requesting funds?			
D) If the County is requesting to use their Local Prudent Reserve funds, is the amount requested available in the County's Prudent Reserve?			

#### **EXHIBIT E1 CSS FUNDING REQUEST**

County:	0
Date	1/0/1900

Y 11/12 Requested MHSA Funding \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$									
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Additional funding sources for FSP (cal. Code Regs., iii. 9, \$3020, \$000. (c)). Percent of Funds directed towards FSPs

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop\_63/ MHSA/Community\_Services\_and\_Supports/docs/FSP\_FAQs\_04-17-09.pdf

			C	SS Majority of Fu	unding to FSPs						
		Other Funding Sources									
		State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal	Re-alignment	County Funds	Other Funds	Total	Total %
						Funds					
Total Mental Health Expenditures	\$0									\$0	#DIV/0!

### EXHIBIT E1 CSS FUNDING REQUEST

	Exhibit E1 - CSS Budget Summary (Review Tool Questions)	Yes	No	N/A
1a.	Is the administration line ≤ the recommended 15%?			
1b.	If the administration line is > 15%, is there a signed statement by the County MH Director?			
_	If any liceble, is the appreciate record of 40%?			
2.	If applicable, is the operating reserve ≤ 10%?			
	Reference: DMH Information Notice: 10-21, page 10			
3a.	Are the majority of services funds requested for FSPs ≥ 50%?			
	0.00.00			
01-	Reference: Cal Code Regs., tit. 9, § 3620, subd. (c)			
3D.	Do the majority of services funds requested for FSPs serve all age groups?			
	Reference: Cal Code Regs., tit. 9, § 3620, subd. (j)			
3c.	If the answers to question 3a is no, did the County list additional funding and amounts to be used for FSPs?			
	Reference: Cal Code Regs., tit. 9, § 3620(c)			

#### EXHIBIT E2 WET FUNDING REQUEST

County:	0
Date:	1/0/1900

Workforce Education and Training	FY 11/12 Requested Estimated MHSA Funds by Service Category					
No. Name	MHSA Funding	Workforce Staffing	Training and Technical	Mental Health Career	Residency and Internship	Financial Incentive
Previously Approved Programs		Support	Assistance	Pathway	internship	
1.	\$0					
2.	\$0					
3.	\$0					
4.	\$0					
5.	\$0					
6.	\$0					
7.	\$0					
8.	\$0					
9.	\$0					
0.	\$0					
1.	\$0					
2.	\$0					
3.	\$0		<del>                                     </del>			
4. <u> </u>	\$0 \$0					
6.	\$0					
7.	\$0					
8.	\$0					
0.	\$0					
0.	\$0					
i.	\$0					
2.	\$0					
3.	\$0					
4.	\$0					
5.	\$0					
6. Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	\$0 Per
7. Plus up to 15% Indirect Administrative Costs						#
8. Plus up to 10% Operating Reserve						#
Subtotal: Previously Approved Programs/Indirect Admin./Operating 9. Reserve	\$0					
New Programs/Revised Previously Approved Programs						
[.]	\$0					
2.	\$0					
3.	\$0					
l.	\$0					
5.	\$0					
5.	\$0		<del>                                     </del>			
7.	\$0					
3.	\$0 \$0					
9.	\$0		1			
Subtotal: WET New Programs	\$0	\$0	\$0	\$0	\$0	\$0 Per
Plus up to 15% Indirect Administrative	\$0	\$0	\$0	\$0	\$0	\$0 Pel
3. Plus up to 10% Operating Reserve	+					#*
Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0					*
5. Total MHSA Funds Requested	\$0					

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

#### EXHIBIT E2 WET FUNDING REQUEST

	Exhibit E2 - WET Budget Summary (Review Tool Questions)	YES	NO	NA
1a.	Is the administration line ≤ the recommended 15%?			
1b.	If not, is there a signed statement by the County MH Director?			
_	If applicable, is the operating reserve ≤ 10%?			
2.	in applicable, is the operating reserve \$ 10%?			

### EXHIBIT E3 PEI FUNDING REQUEST

County:	0
Date:	1/0/1900

PEI Programs				PEI Programs			HSA Funds by tervention	Estir	nated MHSA F	unds by Age G	iroup	
	No.	Name	Requested MHSA Funding	Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult			
		Previously Approved Programs										
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.			\$0									
7.			\$0									
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subto	tal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage		
		up to 15% Indirect Administrative Costs								#VALUE!		
18.	Plus u	up to 10% Operating Reserve								#VALUE!		
		tal: Previously Programs/Indirect Admin./Operating										
	Reser		\$0									
N	lew Pr	ograms/Revised Previously Approved Programs										
1.	_		\$0							1		
2.			\$0									
3.			\$0							1		
4.			\$0							1		
5.			\$0							1		
	Subto	tal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage		
		up to 15% County Administration			7.	7.			, ,	#VALUE!		
		up to 10% Operating Reserve								#VALUE!		
9.	Subto	tal: New Programs/Indirect Admin./Operating Reserve	\$0							1		
10.	Total	MHSA Funds Requested for PEI	\$0									

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = #DIV/01

Note: Previously Approved Programs that propose changes to Key Community Mental Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

Exhibit E4 - PEI Budget Summary (Review Tool Questions)	YES	NO	NA
1a. A) Is the administration line ≤ the recommended 15%?			
1b. A1) If not, is there a signed statement by the County MH Director?			
2 B) If applicable, is the operating reserve ≤ 10%?			
3 Is 51% of PEI budget directed toward individuals under age 25? (Note: small county exemption)			
4 Are all age groups included in the proposed programs? (Note: small county exemption)			

#### EXHIBIT E4 INN FUNDING REQUEST

County:	0
Date:	1/0/1900

	INN Programs	FY 11/12 Requested	]
N	o. Name	MHSA Funding	
	Previously Approved Programs		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16. Su	ototal: Programs	\$0	Percentage
17. Plu	s up to 15% Indirect Administrative Costs		#DIV/0!
18. Plu	s up to 10% Operating Reserve		#DIV/0!
19. Su	ototal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$0	
	New Programs/Previously Approved Programs		
1.			
2.			
3.			
4.			
5.			
	ototal: Programs	\$0	Percentage
	s up to 15% Indirect Administrative Costs		#DIV/0!
8. Plu	s up to 10% Operating Reserve		#DIV/0!
	ototal: New Programs/Indirect Admin./Operating Reserve	\$0	
10. <b>To</b>	tal MHSA Funds Requested for INN	\$0	

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

	Exhibit E5 - INN Budget Summary (Review Tool Questions)	YES	NO	NA
1a.	A) Is the administration line ≤ the recommended 15%?			
1b.	A1) If not, is there a signed statement by the County MH Director?			
2.	B) If applicable, is the operating reserve ≤ 10%?			

### EXHIBIT E5 CFTN FUNDING REQUEST

County:	0
Date:	1/0/1900

				TOTAL FY 11/12 Required Type of Project			
	No.	Name	New (N) Existing (E)	MHSA Funding	Capital Facilities	Technological Needs	
1.				\$0			
2.				\$0			
3.				\$0			
4.				\$0			
5.				\$0			
6.				\$0			
7.				\$0			1
8.				\$0			
9.				\$0			
10.				\$0			
11.				\$0			
12.				\$0			
13.				\$0			
14.				\$0			
15.				\$0			
16.				\$0			
17.				\$0			
18.				\$0			
19.				\$0			
20.				\$0			
21.				\$0			-
22.				\$0			4
23.				\$0			1
24.				\$0			Danaart
25.	Subtatal: Wark Diazz/	Projecto		\$0 \$0	\$0	\$0	Percenta
	Subtotal: Work Plans/F			\$0	\$0	\$0	#VAL
	Plus up to 15% County						#VAL
	Plus up to 10% Operat Total MHSA Funds Re			\$0			1

### EXHIBIT E5 CFTN FUNDING REQUEST

Exhibit E3 - CFTN Budget Summary (Review Tool Questions)	YES	NO	NA
1a. A) Is the administration line ≤ the recommended 15%?			
1b. A1) If not, is there a signed statement by the County MH Director?			
2. B) If applicable, is the operating reserve ≤ 10%?			

### EXHIBIT F1 CSS New/Revised Program Description

County:	0
•	
Date:	1/0/1900

							CSS New/revised	Program Description	n				
No.	Program Name	Program Narrative											
		A1) Did the County include the number of clients to be served by funding Category?		ty provide cost pe age group?	de cost per A3) Did the County include the up?  Total Estimated Number of Individuals to be Served by the Program during FY 11/12?		B1) Did the County describe the services/strategies and target population to be served? This should include targeted age, gender, race/ethnicity, and language spoken.		program is consistent with the priorities identified in the Community Program Planning Process?		e B3) Does the description identi- how the proposed program relator the General Standards of the MHSA (Cal. Code Regs., tit. 9, Section 3320)?  Reference: WIC Section 5847		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

### EXHIBIT F1 CSS New/Revised Program Description

		Pro	gram Narrative co	n't				New/Revised F	Program Budget		
B4) Did the County provide its capacity to serve the proposed number of children, adults, and seniors?  Reference: WIC Section 5847			or project-based en county included the County included the type of house, transitional, etc.) of for master leasing itation of an existifuction of new hou	expenditures using e a brief sing (e.g. whether the g of units, ng housing	B6) If this is a cor County provide th programs, how th achieve the same previously approv rationale for cons	e names of the e program will outcomes as red, and the	C1) Is the Budget completed?		C2) Did the County provide a detailed budget narrative explaining the proposed program expenditures for each line item?		
Yes	No	Yes	No	N/A	Yes	No	Yes	No	Yes	No	

# EXHIBIT F2 WET New/Revised Program Description

County:	0
Date:	1/0/1900

No.	Program Name	A) Did the County of funding categor	provide the type y?	B1) Did County pr description of the activities, including and outcomes to t	work detail or g the objectives	program is consist priorities identified	Did the County explain how the gram is consistent with the prities identified in the mmunity Program Planning cess?  B3) Does the description identify how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, Section 3320)?		Does the description identify the proposed program relates are General Standards of the SA (Cal. Code Regs., tit. 9,		rograms, rationale consolidate, and entified in the
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
											<u> </u>

		rogram Budget						
C) Is the Budget D	Detail completed?	D) Did the County p budget narrative exp proposed program e each line item?	plaining the					
Yes	No	Yes	No					

## EXHIBIT F2 WET New/Revised Program Description

# EXHIBIT F3 PEI New/Revised Program Description

County:	0
D-4-	
Date:	1/0/1900

						CSS New/revised P	rogram Description	1			
No.	Program Name								Narrative		
		Please see	adopted M	IHSOAC R	eview Tool:						
		http://www	mhsoac ca	.gov/PEI/do	cs/PFInlan						
		c/	DEL Deview	vToolFinal.p	odf						
		5/1	TEI Keviev	v i ooiriiiai.,	<u>Jui</u>						
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

#### EXHIBIT F4 INN New/Revised Program Description

County:	0
•	
Date:	1/0/1900

						CSS New/revised P	rogram Description	1			
No.	Program Name							Program	Narrative		
		http://www	ease see adopted MHSOAC Review Tool: p://www.mhsoac.ca.gov/Innovation/docs/I novationPlans/Inn_Rev_Tool_6-1-09.pdf								
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

# EXHIBIT F5 Capital Facilities New and Existing Project Description

County:	0
Project	
Name:	
Date:	1/0/1900

	CRITERIA	YES	NO	N/A
	New Projects Only			
1a	Are checkboxes marked indicating the type of building/project?			
	Ensure that County has check marked appropriate boxes.			
1t	Does the building description include the prior use and ownership?  Ensure that County has check marked appropriate boxes.			
10	c. Does the building description include the scope and renovation?			
1c	I. If proposing to renovate an existing facility, does the description include how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services?			
16	2. If proposing to renovate for administrative services, does the description include how the offices will augment/support the County's ability to provide programs/services?			
11	f. If the facility is privately owned, does the description include the method used for protecting the County's capital interest in the renovation and use of the property?			
2	Is there a description of the intended purpose of the project, including programs/services to be provided and the projected number of clients individuals and families and the age groups to be served?			
3	Does the description of the project location include the proximity to public transportation and type of structures and property uses in the surrounding area?			

### **EXHIBIT F5**

### Capital Facilities New and Existing Project Description

4a.	Does the description include whether the buildings will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes?		
4b.	If the building will be used for other purposes, does the project description indicate what percentage of space will be designated for MHSA supports and services and for other uses?		
	If the building will be used for other purposes, does the description explain the relationship between the mental health programs/services and supports and other uses?		
5.	Does the narrative include the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of 20 years?		
6a.	Leasing (Rent) to Own Building Only:  Did the County provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase?		
6b.	Did the County include a description of length and terms of lease prior to transfer of ownership to the county?		
	Purchase of Land with No MHSA Funds Budgeted for Building Only:		
7a.	Did the County provide a justification why purchasing land with no MHSA funds budgeted for building/construction is needed?		
7b.	Did the County provide a timeline with expected sources of income for construction or purchasing of building upon this land?		
7c.	Did the County explain how this option will serve to increase the County's infrastructure?		
	Restrictive Settings Only:		
8.	Did the County submit specific facts and justification that demonstrates the need for a building with a restrictive setting?  Must be in accordance with W&I Code § 5847, subd. (a)(5).		
9.	If the proposed project deviates from the approved CFTN component, was a description provided of the stakeholder involvement and support for the deviation?		

### **EXHIBIT F5**

### Capital Facilities New and Existing Project Description

	Existing Projects Only		
1	· Was a summary of the originally approved CF project included?		
2	Was an explanation provided as to why the initial funding was insufficient to complete the project?		
3	Was there an explanation of how the additional funds will be used?		
	New/Existing Project Budget		
Α	Was an estimated annual program budget provided, listing types of expenditures?		
E	Was an estimated annual program budget provided, listing types of revenues?		
C	Did the County list the total funding requested?		
С	Did the County provide a detailed budget narrative explaining the proposed program expenditures for each line item, including a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with the CF project?		

# FY11/12 Annual Update EXHIBIT F6 Technological Needs New and Existing Project Description

County:	='Exh A - Certification'!B4
Project	
#/Name:	
Date:	='Exh A - Certification'!B6

	CRITERIA	YES	NO	N/A
1. Is a Project Na If Existing Proj	me included? ect, is a Project Number included?			
2. Did the County	select one: NEW, EXISTING, or Completed Project (PIER) box?			
	Technological Needs New Project			
1. Is the type (an	d subtype if applicable) of MHSA Technological Needs Project checked and Vendor/Consultant information provided?			
	Technological Needs New Project Description			
1. Is an Executive	e Summary of the Project provided?			
2. Is a description	n of how this project will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI) provided?			
3. If the "Yes" bo box is checked	x is checked this means County has certify or will complete all the plans under the Project Management Overview. If the "No" I, the County IT Liaison needs to contact the County for additional information.			
4. Is a proposed	implementation timeline with major EHR categories (Integrated EHR Roadmap) provided:			
5. Will funding be	used for Data Collection Reporting (DCR) checked?			
6. Are the propos	ed Start Date and End Date provided?			

### FY11/12 Annual Update EXHIBIT F6

### **Technological Needs New and Existing Project Description**

	CRITERIA	YES	NO	N/A
	Technological Needs Existing Project			
1. Is a justifica	ation of how this request is a continuation of a previously approved project and not a new project provided?			
2. Why was the	he initial funding insufficient? Are all boxes that apply checked and is a brief explanation provided?			
	tions, if any, of the County's original project are being changed or updated? Are all boxes that apply checked and was there a brien provided?			
	Project Budget			
A. Is the total	cost for each applicable expenditure category provided and the Total Proposed Expenditures by Fiscal Year calculated correctly?			
B. Is all applic	cable revenues provided and the Total Revenues by Fiscal Year calculated correctly?			
C. Is the Tota	I Funding Requested = Total Proposed Expenditures - Total Revenue by Fiscal Year calculated correctly?			
D. Is a detaile	d budget narrative explaining the proposed project expenditures for each line item in Section A: Expenditures provided?			

### FY11/12 Annual Update EXHIBIT F6

### **Technological Needs New and Existing Project Description**

	CRITERIA	YES	NO	N/A
	Technological Needs Post Implementation Evaluation Report (PIER)			
A	. Is Actual Start and Completion Dates provided? If different than original project proposal, make sure applicable associated checkbox(es) is checked.			
В	. Was the final Project Schedule Status provided?			
C	. Was the final Project Budget Status provided?			
D	. Was a description of Objective Achieved provided?			
E	. Was Lessons Learned provided including a description of best practices used for the Project?			
F	. If applicable, was Corrective Actions provided?			
G	If applicable, was a description of any future phases or enhancements provided?			
	Certification Statement			
	. Are the Chief Information Officer's signature and date included?			
2	. Are the HIPAA Privacy/Security Officer's (if have one) signature and date included?			

### FY11/12 Annual Update EXHIBIT F6

### **Technological Needs New and Existing Project Description**

	CRITERIA	YES	NO	N/A
	Submission Type Check List			
	TON  te submission should never contain more than one Exhibit A (County Certification), Exhibit B (Community Program Planning and Localuest), or Exhibit E5 (Funding Request - CFTN) regardless of h	al Review Process), I	Exhibit E (MHS	A Summary
Req Exh	DESCRIPTION	Yes	No	N/A
or All Re	quest:			-
	Has the County submitted their expenditure and revenue report? Date Verified:			
	Has a letter of intent been issued for the Component Proposal (Information Notice 08-09, Enclosure 1)?			
	Has DMH received comments back from OAC?			
or a New	Project Proposal			
Α	County Certification			
В	Community Program Planning and Local Review Process			
Е	MHSA Summary Funding Request			
E5	Funding Request - CFTN			
	Each Project Proposal within an Annual Update submission requires:			
F6	New and Existing Project Description - TN			
or Additi	onal Funds to Complete a Previously Approved and Funded Project			
Α	County Certification			
В	Community Program Planning and Local Review Process			
Е	MHSA Summary Funding Request			
E3	Funding Request - CFTN			
	Each Request for Additional Funds to complete a project within an Annual Update submission requires:			
F6	New and Existing Project Description - TN			
or Pre-D	evelopment/Planning Funds			
Α	County Certification			
В	Community Program Planning and Local Review Process			
Е	MHSA Summary Funding Request			
E3	Funding Request - CFTN			
or Ongo	ng Maintenance Funds			
Α	County Certification			
В	Community Program Planning and Local Review Process			
Е	MHSA Summary Funding Request			
E3	Funding Request - CFTN			

## EXHIBIT G Local Prudent Reserve Funding Request

County:	0	)

**Date:** 1/0/1900

Section		Yes	No	N/A
А	Does the amount on line A equal the sum of the CSS/PEI annual funding level for services amounts listed on Exhibits E1 and E3, "Subtotal: Programs?"			
В	Does the amount on line B equal the sum of the CSS/PEI non-recurring expenditures?			
С	Does the amount on line C equal the sum of the CSS/PEI indirect administrative costs as listed on Exhibits E1 and E3?			
E	Is the Prudent Reserve funded at 50% of the County's requested 2011/12 CSS/PEI funding request as reflected in Exhibit G, line D subtotal?			
F	If the County included Local Prudent Reserve balances from prior approvals, are they correct?			
G	If the county included previous fiscal years unapproved component allocations are they correct?			
G	Did the County include previous fiscal years' unspent CSS Funds?  Reference: WIC Section 5847(b)(7) and DMH Information Notice: 07-25, page 4 and Info Notice: 10-21, page 10			
I	Does the request to fund the prudent reserve exceed the 50% maximum?			
К	Is there a description of all non-recurring expenditures for CSS/PEI ?			

# EXHIBIT H Supplemental MHSA Housing Program Assignment Agreement

County:	0
Date:	1/0/1900

CRITERIA	YES	NO
Has the County assigned their MHSA Housing funds?		
2. Did the County specify the amount of funds to be assigned to the MHSA Housing Program?		
3. Did the County specify which Fiscal Year the funds assigned to the MHSA Housing Program will be drawn from?		
4. Did the County Mental Health Director or Designee sign/date Exhibit H?		

# EXHIBIT I PEI Training, Technical Assistance Capacity Building

County:	0
Date:	1/0/1900

	CRITERIA	YES	NO
1.	Is the amount of funds being requested within the County's planning estimate?		
2.	Did the County describe their plan for using the Training, Technical Assistance, and Capacity Building funds?		
3.	Did the County indicate partners or contractors, if known?		
4.	Did the County Mental Health Director sign the Certification?		